FORM 8. Entry of Appea Case: 17-1903 Document: 10 Page: 1 Filed: 04/26/2017

Form 8 Rev. 03/16

TRIREME MEDICAL, LLC		v. ANGIOS	CORE, INC.	
	No17	-1903		
ENTRY OF APPEARANCE				
an updated Entry of Appearance i Electronic filers must also report a petitioners and appellants should	f represent a change in read para e clerk wit	tation changes, include a contact information graphs 1 and 18 of t	47.3. Counsel must immediately file ding a change in contact information. to the PACER Service Center.Pro sethe Guide for Pro Se Petitioners and the of docketing and serve a copy of it	
Please enter my appearance (selec	t one):			
□ Pro Se ⊠ As co	unsel for:	TriReme Medical,	LLC	
I am, or the party I represent is (se	Name of party			
	ondent	☐ Amicus curiae	☐ Cross Appellant	
☒ Appellant ☐ Appe	llee	□ Intervenor		
As amicus curiaeor intervenor, this party supports (select one):				
Name:	Michael	D.K. Nguyen		
Law Firm:	ARNOLD & PORTER KAYE SCHOLER LLP			
Address:	3000 EI (	3000 El Camino Real, Five Palo Alto Square, Suite 500		
City, State and Zip:	Palo Alto	Palo Alto, CA 94306		
Telephone:	(650) 319	(650) 319-4500		
Fax #:	(650) 319	(650) 319-4700		
E-mail address:	michael.n	michael.nguyen@apks.com		
Statement to be completed by counsel only (select one):				
I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.				
☐ I am replacing		as the principal	attorney who will/will not remain on	
the case. [Government attorneys only.]				
I am not the principal attorney for this party in this case.				
Date admitted to Federal Circuit b	ar (counse	l only): July 19, 2013		
This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel				
only): ☐ Yes 🗵 No				
☐ A courtroom accessible to the handicapped is required if oral argument is scheduled.				
Date April 26, 2017	Signature	e of pro se or counsel	/s/ Michael D.K. Nguyen	
cc: Appellee's Counsel				

FORM 30. Certificate of Service 17-1903

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Form 30 Rev. 03/16

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

CERTIFICATE OF SERVICE				
I certify that I served a copy of by:	n counsel of record on	April 26, 2017		
U.S. Mail				
☐ Fax				
☐ Hand				
■ Electronic Means (by E-mail or CM/ECF)				
David A. Caine		/s/ David A. Caine		
Name of Counsel		Signature of Counsel		
Law Firm	ARNOLD & PORTER KAYE SCHOLER LLP			
Address	3000 El Camino Real, Five Palo Alto Square, Suite 500			
City, State, Zip	Palo Alto, CA 94306			
Telephone Number	(650) 319-4500			
Fax Number	(650) 319-4700			
E-Mail Address	david.caine@apks.com			
NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a locument is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise ppear. Graphic and other electronic signatures are discouraged.				

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